INTEGRATED TREATMENT FOR INDIVIDUALS WITH CO-OCCURRING DISORDERS

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD, FAIRFAX, VIRGINIA

BEHAVIORAL HEALTH

Fairfax, Virginia's Aim at Evidence-Based/Best Practice

Integrated services, as opposed to parallel care, for individuals with co-occurring mental health and addiction diagnoses is best practice in the field of behavioral healthcare. The Fairfax-Falls Church Community Services Board partnered with Dr. Mark McGovern with the Department of Psychiatry, Department of Community and Family Medicine, Dartmouth Medical School, as part of an agency goal to transform to a system of integrated care. An internal quality improvement team trained by Dr. McGovern is engaged in a series of site assessments, base-line and follow-up, to build agency capability to provide co-occurring care.

As background, Dr. Mark McGovern is a researcher and developer of quantitative measurement tools that determine capability for the delivery of co-occurring treatment for mental health and addiction disorders. The tools are called the *Dual Diagnosis Capability in Addiction Treatment* (DDCAT) and the *Dual Diagnosis Capability in Mental Health Treatment* (DDCMHT). The DDCAT was developed to measure programs focused on substance abuse care and the DDCMHT was developed for programs that focus on mental health treatment. The tools are validated measurement instruments that provide an objective picture of what is occurring in treatment services.

> Dr. McGovern's quantitative measurement tool, the *Dual Diagnosis Capability and Medically Integrated Care* (DDMICe), guides program components, design, and specific objective criteria for co-occurring capability of primary healthcare within a behavioral healthcare setting.

BEEMAN COMMISSION

Following over one year of investigation and study, a blue ribbon panel of national experts, appointed by the County Board of Supervisors as the Josiah H. Beeman Commission published a report in 2008 identifying key areas of the CSB system where transformation was needed, primarily in the area of mental health services.

The Learning Collaboratives discussed herein are examples of the process improvement work that resulted from the report.

The Beeman Commission report can be found at http://www.fairfaxcounty.gov/news/2008/240.htm

The assessments result in program implementation plans, as well as benchmarks, for service improvement. The program implementation plans provide information to transform services to evidence and best practice standards. To date, over 50 site assessments have been conducted during the two year partnership.

To support both program and system integration efforts, Dr. McGovern provides quarterly consultation to program staff and the CSB Leadership Team. *Learning Collaboratives* have been established and provide a forum for staff to learn about challenges experienced by other CSB programs, share strategies and resources, and work toward common goals using a process improvement framework. There are five behavioral health integration *Collaboratives*, to include Acute Care Services, Adult (Outpatient and Day Treatment) Services, Residential Services, Youth Services, and CSB Senior Leadership Team.

Emerging best and evidence-based practice is also available in the area of integrated primary and behavioral healthcare. National research and local experience reveal that the population that suffers from co-occurring behavioral health issues has higher incidents of associated medical conditions (e.g., diabetes, hypertension, metabolic syndrome, obesity, and cardiovascular disease). The combination of risk factors and/or poor health and a behavioral health diagnosis complicates and confounds primary care and behavioral healthcare management, outcomes, and recovery. In addition, the population diagnosed with co-occurring substance use and mental health disorders are less likely to initiate or continue care for primary healthcare prevention and maintenance of chronic conditions, most often resulting in high rates of emergency room usage and hospitalization, ultimately resulting in poor health outcomes and a higher cost of care.

Isolating primary care and behavioral healthcare treatment in parallel tracks results in a duplication of case management and treatment efforts, missed opportunities for engagement related to wellness and treatment at less intensive/expensive service levels, and increases the likelihood for conflicting treatment planning, i.e., prescribing addictive medications to individuals with substance use disorders, a lack of knowledge related to substance use and mental health disorder symptomology, and a lack of attention to primary care issues – often mistaking symptoms of a health issue for symptoms related to a mental health disorder, i.e., early dementia, hypothyroidism, etc. In addition, many consumers of behavioral healthcare experience difficulties with transportation, appointment management, and medication management, which are compounded with additional health and wellness appointments with primary care providers. Embedding primary care within behavioral healthcare centers with high utilization rates eliminates many barriers for the consumers served, ultimately reduces the cost of care for behavioral and primary care, and increases the likelihood of positive patient outcomes.

Dr. McGovern has participated in the development of two additional tools that measure primary and behavioral health care

integration capability. The *Dual Diagnosis Capability and Medically Integrated Care* (DDMICe) provides guidance related to program components, design, and the objective measurement of specific criteria for the co-occurring capability of primary healthcare within a behavioral healthcare setting. The *Dual Diagnosis Capability in Health Care Settings* (DDCHCS) tool provides like objective measures for the integration of behavioral health within a primary care setting. In addition, the tools are validated instruments. CSB integrated primary care initiatives are moving forward and are incorporating Dr. McGovern's work. Dr. McGovern will continue to provide training, consultation, and technical assistance to enhance CSB staff and program development in co-occurring behavioral and primary care.

For more information, please contact
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